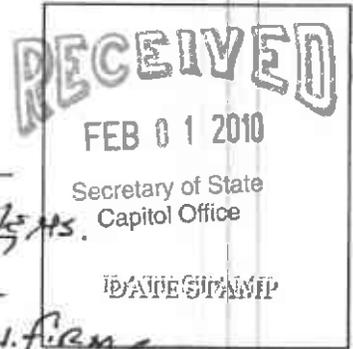


Candidate  
Annual Report of Receipts and Disbursements  
2009



Candidate's Name JOHNNIE E. WALLS, JR.  
 Full Address 351 S. Washington Ave. GREENVILLE, MS.  
 Telephone 662-335-6001 Fax 662-378-8958  
 Contact Name Johnnie Walls Email jewalls1@wallslaw.firm.com  
 Office Sought SENATOR/Dist. 12 Political Party Democratic

Check here if above is different from previous report

TYPE OF REPORT

- January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees
- Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

**IMPORTANT**

(1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.

(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).

(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$	<u>+\$1,000.<sup>00</sup></u>	<u>\$ 1000.<sup>00</sup></u>	<u>\$ 1000.<sup>00</sup></u>
Total amount of disbursements \$	<u>\$ 500. + \$</u>	<u>\$ 500.<sup>00</sup></u>	<u>\$ 500.<sup>00</sup></u>
Total amount of cash on hand		<u>\$ 500.<sup>00</sup></u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

02/01/2010

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

**SEND TO:**

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

PAGE 1 of 3

Name of Candidate or Committee JOHNNIE E. WALLS 2 3

Reporting period JUN. 1, 2009 through DEC. 31, 2009

# ITEMIZED RECEIPTS

A. Source:  Corporation  PAC  Individual  Loan

Other (please specify) \_\_\_\_\_

Full name

ADVANCE AMERICA

Date  
(Mo., Day, Year)

11/09/09

Amount of each  
receipt  
this period

\$ 500.<sup>00</sup>

Mailing Address

135 N. Church Street

\_\_\_\_/\_\_\_\_/\_\_\_\_

\$

City, State, Zip Code

SPARTANBURG, S.C. 29306

\_\_\_\_/\_\_\_\_/\_\_\_\_

\$

Name of Employer (Required)

\_\_\_\_/\_\_\_\_/\_\_\_\_

\$

Occupation (Required)

Aggregate  
year-to-date

\$ 500.<sup>00</sup>

B. Source:  Corporation  PAC  Individual  Loan

Other (please specify) \_\_\_\_\_

Full name

A.T.S.T. MISSISSIPPI PAC

Date  
(Mo., Day, Year)

09/17/09

Amount of each  
receipt  
this period

\$ 500.<sup>00</sup>

Mailing Address

175 E. CAPITAL ST. LANDMARKS C.

\_\_\_\_/\_\_\_\_/\_\_\_\_

\$

City, State, Zip Code

DACKSON MS. 38701

\_\_\_\_/\_\_\_\_/\_\_\_\_

\$

Name of Employer (Required)

\_\_\_\_/\_\_\_\_/\_\_\_\_

\$

Occupation (Required)

Aggregate  
year-to-date

\$ 500.<sup>00</sup>

C. Source:  Corporation  PAC  Individual  Loan

Other (please specify) \_\_\_\_\_

Full name

Date  
(Mo., Day, Year)

\_\_\_\_/\_\_\_\_/\_\_\_\_

Amount of each  
receipt  
this period

\$

Mailing Address

\_\_\_\_/\_\_\_\_/\_\_\_\_

\$

City, State, Zip Code

\_\_\_\_/\_\_\_\_/\_\_\_\_

\$

Name of Employer (Required)

\_\_\_\_/\_\_\_\_/\_\_\_\_

\$

Occupation (Required)

Aggregate  
year-to-date

\$

D. Source:  Corporation  PAC  Individual  Loan

Other (please specify) \_\_\_\_\_

Full name

Date  
(Mo., Day, Year)

\_\_\_\_/\_\_\_\_/\_\_\_\_

Amount of each  
receipt  
this period

\$

Mailing Address

\_\_\_\_/\_\_\_\_/\_\_\_\_

\$

City, State, Zip Code

\_\_\_\_/\_\_\_\_/\_\_\_\_

\$

Name of Employer (Required)

\_\_\_\_/\_\_\_\_/\_\_\_\_

\$

Occupation (Required)

Aggregate  
year-to-date

\$

Name of Candidate or Committee

JOHNNIE E. WALLS

Reporting period

JANUARY 1, 2009 through DECEMBER 31, 2009

# ITEMIZED DISBURSEMENTS

A. Full name ALPHA KAPPA ALPHA Society		Date (Mo., Day, Year) 11/04/09	Amount of each disbursement this period \$ 500. <sup>00</sup>
Mailing Address			
City, State, Zip Code GREENVILLE MS			\$
Purpose of Disbursement (Optional) Miss. Fashionette Scholarship Fund		Aggregate Year-to-date	\$ 500. <sup>00</sup>
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$